

Kansas Licensure Home Health Agency Packet

Please open the links and print this HHA Packet to assist you with compiling the HHA Binder to submit to KDHE/Health Facilities Program for the initial survey review process.

- [Submission Requirements and Instructions Guide](#)
- [Home Health Agency Application attach the HHA](#)
- [Classification-A Attestation \(Skilled Serviced\) Attach](#)
- [Classification-B Attestation \(Non-medical Services\)](#)
- [Authorization to Release of Information Form, for each administrative position](#)
- [Health Facilities Program Contact Information](#)

KDHE has provided you with the Working Labels Templet to use on your dividers.

Please organize your binders and using the **Working Labels Template to tab your dividers. The binder's pages must be numbered sequentially in the binder's and mail one binder to KDHE.** The Health Facilities Program binder should include the originals of

- Home Health Agency Application
- Attestation Forms
- Authorization to Release Information Forms
- The check must be payable to KDHE or Health Facilities Program

Keep copies of all binder contents for your records, the binder will not be returned to you after the survey process.

Address the HHA Package to
Attn: Lois W.
KDHE/Health Facilities Program
1000 SW Jackson, Suite 330
Topeka, Kansas 66612
Phone (785) 296-0127



STATE OF KANSAS HOME HEALTH AGENCY (HHA) APPLICATION FOR LICENSURE

HOME HEALTH AGENCY (HHA) APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS GUIDE

Use this Requirements and Instructions Guide to gather and submit your documentation to support your application for Kansas HHA licensure.

PURPOSE:

Use this Requirements and Instructions Guide to gather and submit your documentation to support your application for Kansas HHA licensure initial survey review inspection.*

****** These highlighted notations are for those applying for Class B Licensure. Please provide the highlighted if Class B only or if Class A (which includes Class B), include all of the required elements including the highlighted.

REVISION HISTORY TABLE			
DATE	ACTION	BY WHOM	APPROVED
06-26-2017	INITIAL GUIDE	LEDA FARIA	JIM PERKINS, DIRECTOR
04-16-2018	UPDATES AND CONSOLIDATION OF GUIDES INTO ONE GUIDE	LEDA FARIA	JIM PERKINS, DIRECTOR
06-25-2018	REMOVAL OF 'STAND- BY'	LEDA FARIA	JIM PERKINS, DIRECTOR

KDHE
HEALTH FACILITIES PROGRAM DIRECTOR
WELCOME

Greetings and thank you for your interest and dedication in serving the citizens of Kansas.

We have information that you may find helpful and staff to assist you with your questions in order to follow the application process to become licensed as a Home Health Agency here in the State of Kansas.

Under the Health Facilities Program (HFP), we are the licensing agency for Home Health Agencies (HHAs) within the State.

New Kansas law went into effect as of 07/01/2017 that requires Home Health Agency Licensure through the State of Kansas with now two options for the level of care provided- Class A (A/C) and Class B for the applicant.

- Class A: Skilled Services as well as Home and Community Based Services HCBS- Attendant Care Services (also now called Personal Care Services). Under this licensure, Class B is also included.
- Class B: Non-Medical Supportive Care Services. Additionally, the new HHA licensure laws that went into effect 07/01/2017 provide another level of HHA licensure as mentioned above - Class B Non-medical supportive care services. This level didn't require licensure previously and can also be referred to as either chore, companion, or in-home services.

The Kansas Department for Aging and Disability Services (KDADS) over the Home and Community Based Services (HCBS) Programs requires Class A HHA licensure for all waiver programs and perhaps CMS certification for some of the waiver programs or portions thereof. You must check with HCBS regarding specific waiver requirements beyond licensure.

There are draft regulations that are moving through the approval process that are more specific to these changes but the following helpful information was provided via KDHE Legal to provide guidance to applicants.

Two levels of State of Kansas HHA licensure are:

Class A Skilled Services and HCBS. Licensure scope includes A/C and also Class B-Non-Medical Supportive Care Services.

- 1) These are medical services of a skilled nature and must include nursing services.
- 2) An Administrator and Alternate Administrator are required.
- 3) A Clinical Manager (RN) is required.
- 4) Certified Home Health Aides (and 90 day trainees) are required and supervision and oversight is provided by an RN every 14 days (or as applicable).
- 5) These services require a physician's orders and can include any/ all of the therapies as well as nutritional/ dietary.
- 6) The HHA is required to assess the patient/ client to determine what medical services are required and at what levels in conjunction with the patient/ client needs and desires through an initial/ comprehensive assessment. A physician order is required or certification from a physician of need.
- 7) HCBS Waiver Program Services (formerly under Class C) require a Class A level of licensure for skilled services as they are medical services driven by a Plan of Care for each patient/ client that stipulates the level of care, which skilled services and the duration/ frequency.
- 8) See specific HCBS Waiver Program requirements for each specific waiver program applicable.
- 9) Additional enrollment and requirements must be met as applicable for any payor program so please reach out in advance to best plan your licensure needs.
- 10) State level survey is required to be compliant with KDHE HFP and maintain HHA licensure. Certification through CMS is available for a Class A Licensure and may be required for HCBS services to be provided so please ensure to inquire in advance to understand all payor program requirements.
- 11) Policies and procedures need to either specify which level A/C and/or B that they are pertaining to.

Class B—Non-Medical Supportive Care Services. Licensure scope includes only Class B.

- 1) Services under this level of licensure includes chore and/or companionship services as well as Activities of Daily Living (ADLs) with assistance that the consumer could perform when able to such as bathing, dressing, eating, medication reminders, transferring, walking, mobility, toileting, and continence care.
- 2) An Administrator and Alternate Administrator are required.
- 3) A Supervisor or Manager function is required.
- 4) Supportive Care Workers are employees of the home health agency who provide supportive care services but are not able to work as Home Health Aides or Certified Nursing Assistants due to no nursing services under Class B.
- 5) Training and supervision are required and supervision and oversight is provided by the Supervisor / Manager.
- 6) These are non-medical services of an unskilled nature and must not require supervision by a healthcare professional. They are not included as any home health services meaning they are non-skilled and/or non-medical in nature.
- 7) The HHA is required to assess the patient/ client to determine what non-medical services are required and at what levels in conjunction with the patient/ client needs and desires. A physician order is not required.
- 8) This level of licensure is extremely limited in nature and is mainly accepted by private pay, private duty, and some private insurance.
- 9) Many payor programs require Class A HHA licensure therefore always check with your payor program(s) requirements prior to application for licensure.
- 10) State level survey is required to be compliant with KDHE HFP and maintain HHA licensure. Certification through CMS is not available to a Class B Licensure only.
- 11) All policies and procedures should be specific to Class B Non-medical supportive care services.

Please let me know how my staff or I can further assist you.

Thank you,

A handwritten signature in black ink, appearing to read "Jim Perkins", is written over the printed name.

**Jim Perkins, Director
Health Facilities Program**

Jim.Perkins@ks.gov

Ph: 785-296-0131

Fax: 785-559-4250

Helpful Information:

NAME	CONTACT	PURPOSE
KANSAS HEALTH FACILITIES PROGRAM	http://www.kdheks.gov/bhfr/index.html	HOME HEALTH AGENCY STATE LICENSURE APPLICATION (UPDATES ARE BEING ROLLED OUT IN NEXT TWO WEEKS) BY 04/15/18
KANSAS MEDICAID	https://kmap-state-ks.us/	KANSAS MEDICAID PROVIDER ENROLLMENT INFORMATION AND PROVIDER MANUALS AVAILABLE
KANSAS HOME AND COMMUNITY BASED SERVICES (HCBS)	http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)	HCBS WAIVER PROGRAMS
MEDICARE.GOV	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll-InstProv-FactSheet-ICN903783TextOnly.pdf	MEDICARE ENROLLMENT INFORMATION
CMS.GOV	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/index.html	ENROLLMENT REQUIREMENTS FOR HOME HEALTH AGENCY PROVIDERS

Please feel free to review the application, submission instructions and requirements documents as well as other pertinent program information located on the KDHE Health Facilities Program website. http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html

Home Health Agency (HHA)

Packet Submission Instructions and Requirements

Dear Home Health Agency License Applicant:

The following information and policy checklist includes corresponding explanations about the minimum requirements for the submission of a home health agency license in the State of Kansas. This document has been combined to include the **Application Submission Instructions and Requirements Guides** into one document as of 04-12-2018.

It is important to note that currently the Secretary of the Kansas Department of Health and Environment (KDHE) requires all agencies to be licensed as a home health agency in the State of Kansas unless:

- 1) The individual or persons are part of a recognized church or religious denomination or sect for the purpose of providing services for the care or treatment of the sick or infirm who depend upon prayer or spiritual means for healing in the practice of the religion of such church, religious denomination or sect; or,
- 2) A hospice certified to participate in the Medicare program and to which provides services only to hospice patients. Must be certified through Medicare instead.

->PLEASE NOTE--- All copies provided are retained by KDHE Health Facilities Program and are not returned. Therefore, please only provide copies of all documentation and retain the originals as the Home Health Agency records to be archived.

Some Requirements to Note:

KDHE is available to answer questions about the licensing process but does not provide individual consultation or business advice to applicants. Many policy templates or ideas about content may be found on the internet but it is up to the applicant to determine the templates to utilize that best suits your needs.

Kansas licensing statutes and regulations can be found at http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html and public resources such as the Kansas Home Care Association's website is located at <http://www.kshomecare.org/>

Select your Classification on your application: CLASS A or CLASS B

**** These highlighted notations are for those applying for Class B Licensure.**

POLICIES AND SUPPORTING TEMPLATE FORMS

- There are sections that request specific policies that are on HHA letterhead following the policy and procedure template of your organization.
- They must be under the name of the Home Health Agency on the application and not another name such as the hospital name, business name or another nomenclature.
- It must be clear that these policies have been approved by the governing board and are enacted.

Here is a Checklist of many of the required policies to help you organize what is needed.

Additionally, be prepared to provide the template (form) for each also. Please note that this list is not all-encompassing and others may be required.

✓	Item
	Completed application and licensing fee; Attestation, Release and Sales Contract if applicable.
	Administrator and Alternate Administrator's qualifications and appointments.
	Copy of governing bylaws (or equivalent) such as Operating Agreement.
	<p>Job Descriptions of all listed staff positions.</p> <p> <input type="checkbox"/> Administrator <input type="checkbox"/> Alternate Administrator <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Director of Nursing <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Supportive Care Worker <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Attendant Care <input type="checkbox"/> Attendant Care Worker <input type="checkbox"/> Home Health Aide <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Social Worker </p>
	Organizational Chart and Staff Roster.
	Policy: Personnel Policies- Interviewing, Reference Checks, Validation of Credentials and Licensure, Background Checks, Performance Evaluations, and General Good Health; TB Testing and Screening. Include both policies and templates for each.
	Policy: Personnel files containing required elements from personnel policies and templates utilized with policies.

	Policy: Contracted services policy. An actual Sample Contract along with policy with both including all required elements.
	Policy: Abuse, Neglect and Exploitation – specific to Kansas. Include Offenses List.
	Policy: Home Health Services (Can be Home Care or In-Home as applicable).
	Policy: Patient/ **Client Acceptance.
	Policy: Provision of Services.
	Policy: Multi-disciplinary Team Liaison with supervising professionals.
	Policy: On- call RN **or Worker .
	Policy: Supervision of Home Health Aide (HHA) **or Worker services.
	Policy: Nursing Services **Exempt- Class B Only .
	Policy: Therapy Services **Exempt- Class B Only .
	Policy: Social Services **Exempt- Class B Only .
	Policy: Nutritional Services **Exempt- Class B Only .
	Policy: Supportive Care Services **Provide- Class B Only .
	Policy: Clinical/ **Client Records.
	Policy: Clinical / **Client Record Retention.
	Policy: Clinical / **Client Record Safeguards (against loss or unauthorized review or use).
	Policy: Clinical/ **Client Record Access by Guardians—may be addressed in Safeguard policy if agency desires.
	Policy: Patient / **Client Rights.
	Policies: Home Health **or Worker Training Program (May be one policy that includes all or several separate.) There are four (4) separate elements that comprise the program. **or Worker Training Curriculum .
	Policy: Background Checks.
	Policy: Pre-filled Insulin syringes **Exempt- B .
	Policy: No Skilled Services **Provide- Class B Only .

Where do the completed applications and evidentiary support go?

- a. While using the HHA Application Submission Instructions and Requirements document—set up your binder for each section and label and use the tabs to set up each section. Highlight what is being referenced to meet the element being asked for. You may highlight electronically.
- b. Follow the directions and place any documents you want considered for each element of the review in the specific tab that is titled for that section. This is true even if you have provided the same document in another section.
- c. Failure to follow these instructions may cause unavoidable delays with your submission and review or even return of your application and binder.
- d. Completed applications with accompanying required documents should be submitted by being mailed, emailed, or dropped off to the attention of **Lois Wilkins** at the following address:

Kansas Department of Health & Environment (KDHE)

Bureau of Community Health Systems (BCHS) Health

Facilities Program (HFP)

1000 SW Jackson, Suite 330

Topeka, Kansas 66612-1365

785-296-1258

Please let us know if you have any questions. We can set up a time to go through your application submission after the review is complete and you have received your letter.

We look forward to working with you.

Thank you,

Lois and ~Leda





HOME HEALTH AGENCY (HHA) APPLICATION SUBMISSION REQUIREMENTS AND INSTRUCTIONS GUIDE* Updated 04-12-18

***Use this Requirements and Instructions Guide to gather and submit your documentation to support your application for Kansas HHA licensure.**


**** These highlighted notations are for those applying for Class B Licensure only.**


Instructions: Set up a binder with each section labeled with the associated tab. Provide all of the requested items in the right-hand column in each section for review. If an item needs to be included in multiple sections—it needs to be included in each section you wish it considered in the review as each section of documentation submitted is considered separately.

<p>SECTION TAB LABELS ✂-----</p> <p>Cut and tape these as divider page section tabs.</p>	<p>WHAT SECTION MUST INCLUDE 👉 ☒</p> <p>Cut and tape each list on divider page and check off as added to keep track of assembly.</p> <p>👉 Remember:</p> <p>Each section and application stands alone. Please include all evidence under EACH applicable section where you are submitting it to be considered and reviewed. Label and cross-reference it.</p> <p>Helpful Hints:</p> <ul style="list-style-type: none"> • No section is “Not Applicable”. • “See Attached” is not appropriate. • Citations must be specific and all documentation must be present for the section under that section.

 APPLICATION AND ATTESTATION FORM	<p>THIS SECTION INCLUDES COMPLETED:</p> <ul style="list-style-type: none"> • APPLICATION • FEES • ATTESTATION STATEMENT / RELEASE FORMS • SALES CONTRACT, IF APPLICABLE FOR CHOW
<p> GOVERNING BODY on Binder tab section for all of the required elements:</p> <ul style="list-style-type: none"> • Double check your application to be sure it is complete. An incomplete application will delay licensure. Make sure that there are no areas that are left blank or indicate “see Attached”. No areas are “Not Applicable”. If a section only applies to Class A and you are applying for Class B only—mark Class B in that area to indicate why it is not included. If you are applying for Class A—everything must be provided as it is all part of this class of Kansas HHA Licensure. • All parts of the process are required and if it has been determined by the applicant that a service is not being provided at this time, e.g. Respiratory Therapy (RT) with a Class A application submission—it is still required as part of the framework submission to be considered for approval because at any point in the future- a licensed home health agency may elect to add the service. If so, the home health agency would not need additional approval as it is 	<p>THIS SECTION INCLUDES COMPLETED:</p> <p><u>A. Governing Body.</u> Each home health agency shall have a governing body or a clearly defined body having legal authority to operate the agency. The governing body shall:</p> <p>___(1) Have bylaws or their equivalent which shall be renewed annually;</p> <p>___(2) employ a qualified administrator as defined in K.A.R. 28-51-100(a);</p> <p>___(3) adopt, revise, and approve procedures for the operation and administration of the agency as needed;</p> <p>___(4) provide the name and address of each officer, director, and owner of the agency to the licensing agency;</p> <p>___(5) disclose corporate ownership interests of 10 percent or more to the licensing agency; and</p> <p>___(6) disclose past home health agency ownership or management, including the name of the agency, its location, and current status, to the licensing agency.</p> <p><i>“Bylaws” means a set of rules adopted by a home health agency for governing the agency’s operation.</i></p> <p>___ Please send a complete copy of the organization’s bylaws dated and signed. Within the body of the document the items ABOVE (1-6) must be included.</p> <p>___The Administrator must be “appointed” by the Governing Body.</p> <p>___The Alternate Administrator maybe appointed by the Governing Body or simply by the Administrator</p>


<p>contained under the original licensure.</p> <ul style="list-style-type: none"> • The Attestation Statement requires that all boxes are agreed to and checked down the left-hand side along with printing, signing, and dating the form. The Attestation is an agreement with KDHE that the HHA will remain in compliance with all of the State and/or Federal requirements. Failure to do so may result in but is not limited to loss of State of Kansas HHA licensure. • Send a copy of your governing bylaws or its equivalent such as an Operating Agreement. • Within the body of your document it must state the requirement to <u>review and renew the Bylaws (or equivalent document) annually.</u> Please be prepared to provide this evidence in the event of an audit or survey. • List of your governing body to include names, addresses, phone numbers and positions as applicable. <p>2. The Administrator and the Alternate Administrator shall have the following responsibilities documented in either an agency policy or in the agency job description or in the appointment letter from the Governing body:</p>	
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<ul style="list-style-type: none"> • Employee qualified personnel in accordance with position descriptions; • Acts as a liaison between the governing body and staff; • Provide written personnel policies and job descriptions; • Maintain appropriate personnel records, administrative records, and all policies and procedures of the agency; • Ensure completion, maintenance, and submission of such reports as required; • Ensure that each patient admitted to the agency receives in writing the patient bill of rights as per K.A.R 28-51-111. 	
<p> ADMINISTRATOR/ ALTERNATE ADMINISTRATOR on Binder tab section for all of the required elements: Send proof that the Administrator and Alternate Administrator meet the qualification regulation.</p> <p>If these positions are filled by qualified health professionals, send proof of current licensure in the state of Kansas and official college transcripts.</p> <p>If these positions are filled by persons who are not qualified health professionals, send a resume or Curriculum Vitae (CV) along with proof of educational training that meets the requirements, such as transcripts and diplomas or certificates of program completion.</p> <p>The definition of qualified administrator (and the alternate administrator) is “Either</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p><u>B. Administrator.</u> The administrator shall be responsible for the management of the agency to the extent authority is delegated by the governing body. A qualified person shall be designated to act in the absence of the administrator. The administrator shall have at least the following responsibilities:</p> <p>___(1) Organize and direct the agency's ongoing functions;</p> <p>___(2) act as a liaison between the governing body and staff;</p> <p>___(3) employ qualified personnel in accordance with job descriptions;</p> <p>___(4) provide written personnel policies and job descriptions that are made available to all employees;</p> <p>___(5) maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;</p> <p>___(6) provide orientation for new staff, regularly scheduled in-service education programs, and opportunities for continuing education of the staff;</p> <p>___(7) ensure the completion, maintenance, and submission of such reports and records as required by the secretary of health and environment; and</p> <p>___(8) ensure that each patient admitted to the home health agency receives, in writing, the patient's bill of rights listed at K.A.R. 28-51-111.</p>

<p>a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care or a qualified health professional (physician, RN, physical therapist, occupational therapist, respiratory therapist, speech therapist, dietitian or social worker licensed in the state of Kansas)."</p> <p>This list is NOT all-inclusive and other licensed degreed health care providers are able to be considered as well, e.g. pharmacist. The Administrator must be "appointed" by the Governing Body and this must be in writing. The Alternate may be appointed by the Governing Body or simply selected by the Administrator. You must send evidence of each of these appointments.</p>	<p>Job description must specify the various requirements 1-8 for the Administrator and Alternate Administrator.</p> <p>Please send the following information for the Administrator/Alternated Administrator: ____ Current Kansas Licensure if applicable ____ Resume and or Curriculum Vitae (CV) along with proof of educational training. ____ Administrator / Alternate Job Description containing the responsibilities designated in the regulation ABOVE. <i>(Please note these are minimum rights responsibilities of the Administrator. Additional responsibilities may be listed in the Job Description (JD) if the agency desires but these must be included.)</i></p> <p><i>A" Job Description" is a broad, general, and written statement of a specific job, based on the findings of a job analysis. It generally includes duties, purpose, responsibilities, scope, and working conditions of a job along with the job's title, and the name or designation of the person to whom the employee reports.</i> <i>"Administrator" means either a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care, or a qualified health professional.</i> <i>"Qualified health professional" means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.</i></p>
<p> PERSONNEL RECORDS on Binder tab section for all of the required elements: Multiple items are required:</p> <ol style="list-style-type: none"> Policies, template documents, and records. Written policies should be submitted that serve to document your agency's personnel policies and the intended practices concerning Human Resources (HR) matters. The following policy items must be addressed: That performance evaluations are made within 	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>Current personnel records shall be maintained for each employee. The personnel records for an employee shall include:</p> <ol style="list-style-type: none"> ____(1) The title of that employee's position and a description of the duties and functions assigned to that position; ____(2) the qualifications for the position; ____(3) evidence of licensure or certification if required; ____(4) performance evaluations made within six months of employment and annually thereafter; ____(5) documentation of reference checks and a personnel interview prior to employment; and ____(6) evidence of good general health and a negative tuberculin skin test or chest X-ray upon employment. <p><i>Subsequent periodic health assessments or physical examinations shall be given in accordance with agency policies.</i></p> <p>Please send the following: Written <u>policies</u> on how the organization</p>

<p>six months and then annually thereafter.</p> <p>d. The requirement for your agency to do reference checks and personal interviews prior to employment.</p> <p>e. The requirement that there is evidence of “good health” and a negative TB test or chest x-ray upon employment.</p> <p>f. The requirement that periodic health assessments or physical exams are done as per your agency’s policy.</p> <p>Note: These are minimum requirements. If your agency wants to establish stricter requirements—that is fine--just as long as you meet the stricter requirements all of the time.</p> <p>3. <u>✂</u> PERSONNEL RECORDS</p> <p>Submit copies of personnel files. The following items need to be submitted for review:</p> <p>a. <u>Organization chart</u> – all positions within the organization and the reporting structure.</p> <p>b. <u>Staff roster</u> list of all personnel in the organization that crosswalks to the records submitted with their sample that includes the name, licensure if applicable, position,</p>	<p>Conducts the hiring process including but not limited to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interviews, <input type="checkbox"/> Reference checks, <input type="checkbox"/> Criminal Background Checks (CBCs), <input type="checkbox"/> License and or certification checks, <input type="checkbox"/> Health assessments, <input type="checkbox"/> TB testing, and <input type="checkbox"/> Performance evaluations. <p>Key Staff Job Descriptions for all positions in the organization such as but not limited to:</p> <table border="0"> <tr> <td><input type="checkbox"/> Administrator</td> <td><input type="checkbox"/> Alternate</td> </tr> <tr> <td><input type="checkbox"/> Director of Nursing</td> <td><input type="checkbox"/> Registered Nurse</td> </tr> <tr> <td><input type="checkbox"/> Licensed Practical Nurse</td> <td><input type="checkbox"/> Respiratory</td> </tr> </table> <p>Therapist</p> <table border="0"> <tr> <td><input type="checkbox"/> Home Health Aide</td> <td><input type="checkbox"/> Physical Therapist</td> </tr> <tr> <td><input type="checkbox"/> Occupational Therapist</td> <td><input type="checkbox"/> Speech Therapist</td> </tr> <tr> <td><input type="checkbox"/> Registered Dietitian</td> <td><input type="checkbox"/> Social Worker</td> </tr> <tr> <td><input type="checkbox"/> Attendant Care worker</td> <td><input type="checkbox"/> Supportive Care Worker</td> </tr> </table> <ul style="list-style-type: none"> • Organization Chart • Staff Roster List Of All Personnel In The Organization That Crosswalks To The Records Submitted With Their Sample That Includes The Name, Licensure If Applicable, Position, Status, And Date Of Hire (DOH) <p><input type="checkbox"/> Personnel records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/ Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117.</p> <ul style="list-style-type: none"> • TABBED PERSONNEL RECORDS: Number each person selected out of the sample selected from on the Staff Roster--- e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet. <p>In The Personnel Records Packet For Each Person In The Sample—It Needs To Include:</p> <ul style="list-style-type: none"> • Personnel Application • Resume Or Curriculum Vitae (CV) • Job Description That Includes Qualifications Of The Position • Proof Of Licensure and/or Certification Validation 	<input type="checkbox"/> Administrator	<input type="checkbox"/> Alternate	<input type="checkbox"/> Director of Nursing	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Attendant Care worker	<input type="checkbox"/> Supportive Care Worker
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<p>status, and date of hire (DOH).</p> <p>c. <u>Tabbed personnel records:</u></p> <p>Number each person selected out of the sample selected from off of the Staff Roster--- e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet.</p> <ul style="list-style-type: none"> • Personnel records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117. • In the personnel records packet for each person in the sample—it needs to include: • Personnel application with the employees name and position within the agency with date of hire • Resume or Curriculum Vitae • Evidence of their reference checks—three references • Evidence of their personal interview (e.g. notations made and interview document signed) • Evidence of their background check completed in accordance with K.S.A 65-5117 and agency policy. <p><u>Background checks are required for the administrator and alternate administrator, as well.</u> Employees who are licensed by the state of</p>	<ul style="list-style-type: none"> • Performance Evaluations As Applicable • Interview And Reference Checks Documentation Prior To DOH Date • Health Assessment Validating Good Health • Tb Test/ Chest X-ray • Criminal Records Check Evidence* Unless-Licensed Staff <p>*Administrator and/or Alternate Administrator Must Provide Criminal Records Check Evidence If Not Licensed.</p>
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<p>Kansas such as nurses or physicians do not require background checks <u>at this time</u> but this may be changing.</p> <ul style="list-style-type: none"> • Job description that includes qualifications of the position • Evidence of licensure or certification, if appropriate for the individual • Proof of licensure and/or certification validation • Performance evaluations as applicable • Interview and reference checks documentation prior to date of hire (DOH) date • Health assessment validating “good general health” • Evidence they are in “good general health” • (Assessment for Good General Health can be title or something similar of the document that contains health assessment information completed for each employee to include vital signs and medical history and employee attestation or similar.) • TB test/ chest x-ray evidence of a TB test or chest x-ray within 6 months of employment using CDC Healthcare Worker guidelines; Reference https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm 	
<p> PER VISIT CONTRACTS on Binder tab section for all of the required elements: <u>Two items are required.</u></p>	<p>THIS SECTION INCLUDES COMPLETED: <u>D. Personnel under hourly or per visit contracts.</u> There shall be a written contract between the agency and personnel under hourly or per visit arrangements. The contract shall include the following provisions:</p>


<p>1) A policy addressing personnel who work under an “hourly” or “per visit” contract.</p> <p>2) The policy shall require these services are provided with a “written contract.”</p> <p><u>Include a sample contract.</u></p> <p>The contract must include the following:</p> <ul style="list-style-type: none"> a. A statement that patients are accepted for care only by the primary HHA. b. A description of the services to be provided. c. A statement that each employee shall conform to applicable agency policies, including those related to qualifications. d. A statement that each employee shall be responsible for participating in the development of plans of care. e. A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency. f. Procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations. g. The procedures for determining charges and reimbursement. 	<p>___(1) A statement that patients are accepted for care only by the primary HHA</p> <p>___(2) A description of the services to be provided</p> <p>___(3) A statement that each employee shall conform to applicable agency policies, including those related to qualifications.</p> <p>___(4) A statement that each employee shall be responsible for participating in the development of plans of care</p> <p>___(5) A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency</p> <p>___(6) Procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations.</p> <p>___(7) The procedures for determining charges and reimbursement</p> <p>___ Please send a policy addressing personnel who work under an “hourly” or “per visit” contract. The policy shall require these services are provided with a “written contract.” The contract must include the provisions listed in the left hand column.</p> <p><u>Even if you do not employ personnel under hourly or per visit contracts, you must still meet the regulation by having a policy in place in the event this would occur.</u></p>
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<p>✂ ABUSE NEGLECT EXPLOITATION on Binder tab section for all of the required elements: <u>Two items are required.</u></p> <ol style="list-style-type: none"> 1) A policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report. These specific <u>KSA definitions</u> of each must be in the policy. 2) The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078. <p>2) Include a sample copy of the Patient/ **Client Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt by patient/client or their designee signature and date along with staff signature and date.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>E. Each employee of the agency shall be responsible for reporting in accordance with agency policies and K.S.A. 39-1430 et. seq., and amendments thereto, any evidence of abuse, neglect, or exploitation of any patient served by the agency. <i>Each patient shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.</i> ABUSE: “The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.” (See 42 CFR Part 488.301.) NEGLECT: “Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.” (See 42 CFR Part 488.301.) MISAPPROPRIATION OF PROPERTY: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. (See 42 CFR Part 488.301.)</p> <p>___ Please send a policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report.</p> <p>THESE SPECIFIC KSA DEFINITIONS OF EACH MUST BE IN THE POLICY. The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.</p>
<p>✂ HOME HEALTH SERVICES on Binder tab section for all of the required elements: Home health agency policies must be submitted that address the following requirements:</p> <ul style="list-style-type: none"> • Patient / **Client Acceptance: A home health only accepts a patient/ **Client when the agency reasonably expects that the patient’s medical, rehabilitation, and social needs can be met adequately by the agency in the patient’s place of residence. 	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Patient Acceptance: Only accept a patient when the agency reasonably expects that the patient’s medical, rehabilitation, and social needs can be met adequately by the agency in the patient’s place of residence.</p> <p>___ Please send HHA policies that address these requirements</p>




<p>✂ PROVISION OF SERVICES on Binder tab section for all of the required elements:</p> <ul style="list-style-type: none"> • Provision of Services—Patient/ **Client care shall follow a written care plan and that plan is periodically reviewed by the supervising professional (RN) or other appropriate health care or professionals* that are providing services to the patient. • *Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services. • All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure their efforts complement one another and support the plan of care. • An RN shall be available or on-call all hours that nursing or HH aide services are provided. Submit the policy for RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided. <p>For Class B—please provide an on-call process for workers, as applicable.</p> <ul style="list-style-type: none"> • Supervision of HH aide services shall address that a physician, RN, or appropriate qualified health professional shall visit each patient's/ home every two weeks to supervise the HH aide services when skilled nursing or other therapy services or both, are furnished to the patient. 	
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<ul style="list-style-type: none"> • “Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services. • <u>Note:</u> This visit may be made less often if only HH aide services are being furnished to a patient and is documented in the clinical record. A supervisory visit shall then be made at least every 60 days. • ** For Class B- replace ‘patients’ with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse. 	
<p> PROVISION OF SERVICES</p> <p>** For Class B- replace ‘patients’ with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>B. Provision of Services</p> <p>____(1) Patient care shall follow a written care plan, which is periodically reviewed by the supervising nurses or other appropriate health professionals or supervising professional (Class B).</p> <p>__(2) All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure that their efforts effectively complement one another and support the objectives as outlined in the plan of care.</p> <p>__(3) For each patient receiving professional services, including the services of a RN, PT, OT, SP, and Dietary Consultation, a written summary note shall be sent to the physician every 60 days. Services under arrangement with another agency shall be subject to a written contract conforming to these requirements.</p> <p>__(4) A registered nurse shall be available or on-call to the staff during all hours that nursing or home health aide services are</p>


	<p>provided. Need a reference/policy to an RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided. Policy needs to include the coverage for afterhours, weekends, holidays, et al.</p> <p>___Please send HHA policies that address these requirements</p>
<p> SUPERVISORY For Class B—please provide the supervisory policies for Supportive Care Services Workers.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>C. Supervision of home health aide services.</p> <p>___(1) A physician, a registered nurse, or an appropriate qualified health professional shall visit each patient's home every two weeks to supervise home health aide services when skilled nursing or other therapy services, or both are also being furnished to a patient.</p> <p>___(2) This visit may be made less often if only home health aide services are being furnished to a patient and this is documented in the clinical record. A supervisory visit shall then be made at least every 60 days. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5104; effective, T- 86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)</p> <p>___Please send HHA policies that address these requirements</p>
<p>1.  HOME HEALTH AIDE SERVICES on Binder tab section for all of the required elements:</p> <p>a. Home Health Aide Services— There should be evidence that home health aides meet the training requirements as outlined in K.A.R. 28-51-112, 28-51-113, 28-51-114 and 28-51-115. Agency policy must state and it must be evidenced in</p>	<p>A. Each home health aide shall be supervised by a registered nurse and shall be given written instructions for patient care prepared by a qualified health professional.</p> <p><i>“Home health aide” means an individual who has a home health aide certificate issued by the licensing agency as specified in K.A.R. 28-51-113.</i></p> <p><i>“Qualified health professional” means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.</i></p> <p>___ Please send policy which state (and it must be evidenced in practice) that each home health aide is supervised by an RN and shall be given written</p>

<p>practice, that each home health aide is supervised by an RN and shall be given written instructions for patient care prepared by a qualified health professional (RN or physician).</p> <p>b. Home health aide trainees are allowed to provide HH aide services to clients of the agency under the supervision of a registered nurse.</p> <p>c. Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour HH aide course may work for a HHA as a HH aide trainee. The HHA's RN shall retain in the trainee's personnel file a department-approved form attesting that the trainee has met the minimum competencies for HH aide trainee. **Exempt- Class B</p> <p>d. For Class B—please provide the training curriculum and policies for Supportive Care Services Workers.</p>	<p>instructions for patient care prepared by a qualified health professional.</p>
<p> NURSING SERVICES on Binder tab section for all of the required elements: ** Excluded for Class B.</p> <p>Nursing Service requirements shall include a written policy that nursing services are provided under the supervision of an RN</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Nursing services shall be provided under the supervision of a registered nurse and in accordance with a plan of care.</p> <p>B. A registered nurse shall make an initial evaluation visit to each patient, shall regularly reevaluate the patient's nursing needs, and shall initiate the patient's plan of care and make any necessary revisions.</p>


<p>and in accordance with a written plan of care.</p> <p>The policy should also include that a RN makes an initial evaluation visit to each patient, shall regularly re-evaluate the patient's nursing needs and that an RN shall initiate the patient's plan of care and make any necessary recommendations.</p> <p>LPNs may not do these things in lieu of the RN, as it is beyond their scope of practice in the state of Kansas.</p>	<p><u> </u> Please send HHA policies that address these requirements</p>
<p><u> </u> ✂ THERAPY SERVICES on Binder tab section for all of the required elements: Therapy Services—For therapy services (PT, OT, Speech or Respiratory Therapy), a policy must state that “the therapist shall make an evaluation visit to each patient requiring services and shall regularly re-evaluate the patient’s therapy needs, and shall initiate the patient’s therapy plan of care and make any necessary revisions.”</p> <p>**Exempt- Class B</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Therapy services offered directly or under arrangement shall be provided by the following:</p> <p>___(1) A physical therapist;</p> <p>___(2) A physical therapist assistant functioning under the supervision of a physical therapist;</p> <p>___(3) An occupational therapist;</p> <p>___(4) An occupational therapist assistant functioning under the supervision of an occupational therapist;</p> <p>___(5) A speech therapist; or</p> <p>___(6) A respiratory therapist.</p> <p>B. The therapist shall make an evaluation visit to each patient requiring services, shall regularly reevaluate the patient's therapy needs, and shall initiate the patient's therapy plan of care and make any necessary revisions.</p> <p><u> </u> Please send HHA policies that address these requirements</p> <p><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></p>
<p><u> </u> ✂ SOCIAL SERVICES on Binder tab section for all of the required elements: Social Services—For social services, a policy must state that “The social worker shall participate in the development of the patient plan of care.” **Exempt- Class B.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Services shall be given by a social worker according to the patient's plan of care. <u>AND</u></p> <p>B. The social worker shall participate in the development of the patient's plan of care.</p> <p><u> </u> Please send HHA policies that address these requirements</p> <p><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job</u></p>

	Description in place in the event these services are activated.
<p> NUTRITIONAL AND DIETARY SERVICES on Binder tab section for all of the required elements: Nutritional and Dietary Consultation-- For nutritional or dietitian services, a policy must state that “a dietitian shall evaluate the nutritional needs of each patient requiring such services and shall participate in developing a plan of care for that patient.” Please note that a nutritionist is not the equivalent of a dietitian. **Exempt-Class B.</p>	<p>THIS SECTION INCLUDES COMPLETED: ___ Please send HHA policies that address these requirements</p> <p><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></p>
<p> RESPIRATORY SERVICES on Binder tab section for all of the required elements: Respiratory Services—For respiratory services, a policy must state that “The respiratory therapist shall participate in the development of the patient plan of care.” ** Excluded for Class B.</p>	<p>THIS SECTION INCLUDES COMPLETED: ___ Please send HHA policies that address these requirements</p> <p><u>Even if you do not employ respiratory services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></p>
<p> CLINICAL **CLIENT RECORDS on Binder tab section for all of the required elements: Clinical/ **Client Records—There shall (for each patient) be a clinical OR **Client record containing pertinent past and current findings and it shall be maintained in accordance with accepted professional standards for each patient or **Client.</p> <p>A policy should be submitted that states that the content of the clinical record shall include (at a minimum):</p> <ul style="list-style-type: none"> • The patient’s/ **Client plan of care • The name of the patient’s physician • Any drug, dietary, treatment or activity orders 	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>D. General provisions. A clinical record containing pertinent past and current findings shall be maintained in accordance with accepted professional standards for each patient receiving home health services.</p> <p>E. Content of record. Each patient’s clinical record shall contain at least the following: ___(1) The patient’s plan of care; ___(2) the name of the patient’s physician; ___(3) drug, dietary, treatment, and activity orders; ___(4) signed and dated admission and clinical notes that are written the day the service is rendered and incorporated at least weekly; ___(5) copies of summary reports sent to the physician; ___(6) copies of progress notes; and ___(7) the discharge summary.</p> <p>F. Retention. Clinical records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient. If the home health agency discontinues</p>

<ul style="list-style-type: none"> • Signed and dated admission and clinical notes that are written on the day the services was rendered and incorporated into the clinical record at least weekly • Any copies of summary reports sent to the physician **Exempt- Class B • Copies of all progress notes or service notes • A discharge summary <p>A. A Clinical/ **Client Record Retention policy that states that records are retained in a retrievable form for at least 5 years after the date of the last discharge of the patient. "Retention.—Clinical/ **Client records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient/ **Client. If the home health agency discontinues operation, provision shall be made for retention of records." Provide the actual policy.</p> <p>B. A policy concerning how the clinical/ **Client record is safeguarded against loss or unauthorized review or use. The policy must discuss record use and removal and the conditions for the release of information. Safeguard against loss or unauthorized use. Provide the actual policy.</p> <p>C. Written policies and procedures regarding use and removal of records and the conditions for release of information. The patient's/ **Client's or guardian's written consent shall be required</p>	<p>operation, provision shall be made for retention of records.</p> <p>G. Safeguard against loss or unauthorized use. Written policies and procedures shall be developed regarding use and removal of records and the conditions for release of information. The patient's or guardian's written consent shall be required for release of information not required by law.</p> <p>___Please send HHA policies that address these requirements.</p>
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<p>for release of information not required by law. There must be the inclusion in clinical/ **Client record policy the statement that “the patient’s/ **Client’s guardian’s written consent shall be required for the release of information if that release is not required by law.”</p> <p>Provide the actual policy.</p>	
<p> PAT**CLIENT BILL OF RIGHTS on Binder tab section for all of the required elements:</p> <p>Patient/ **Client Rights—Patient/ **Client rights must be provided in writing to the patient/ **Client or their legally identified representative) at the start of care and the patient/ **Client or their representative sign’s as acknowledgement.</p> <ul style="list-style-type: none"> • The right to choose care providers and to communicate with those providers. • Each patient/ **Client shall have the right to participate in planning of the patient’s/ **Client’s care and the right to appropriate instruction and education regarding the plan. • Each patient/ **Client shall have a right to request information about the patient’s/ **Client’s diagnosis, prognosis and treatment, including alternatives to care and risks involved, in terms that the patient/ **Client and the family can readily understand so that they can give their informed consent. • Each patient/ **Client shall have the right to refuse home health care and to be informed 	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>Patient rights must be provided in writing to the patient or their legally identified representative) at the start of care.</p> <p>— Please send a Patient Rights policy that detail the following rights:</p> <p>The governing body shall establish a bill of rights that will be equally applicable to all patients. At a minimum, the following provisions shall be included in the patients' bill of rights:</p> <p>___(a) Each patient shall have the right to choose care providers and the right to communicate with those providers.</p> <p>___(b) Each patient shall have the right to participate in planning of the patient's care and the right to appropriate instruction and education regarding the plan.</p> <p>___(c) Each patient shall have a right to request information about the patient's diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that the patient and the patient's family can readily understand so that they can give their informed consent.</p> <p>___(d) Each patient shall have the right to refuse home health care and to be informed of possible health consequences of this action.</p> <p>___(e) Each patient shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin.</p> <p>___(f) Each patient shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.</p> <p>___(g) Each patient shall have the right to reasonable continuity of care.</p> <p>___(h) Each patient shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.</p>

<p>of possible health consequences of this action.</p> <ul style="list-style-type: none"> • Each patient/ **Client shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin. • Each patient/ **Client shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed. • Each patient/ **Client shall have the right to reasonable continuity of care. <ul style="list-style-type: none"> • Each patient/ **Client shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished. • Each patient/ **Client shall have the right to be advised in advance of any change in the plan of care before the change is made. • Each patient/ **Client shall have the right to confidentiality of all records, communications, and personal information. • Each patient/ **Client shall have the right to review all health records pertaining to them unless it is medically contraindicated in the clinical record by the physician. • Each patient/ **Client denied service for any reason shall have the right to be referred elsewhere. • Each patient/ **Client shall have the right to voice grievances and suggest changes 	<p>___(i) Each patient shall have the right to be advised in advance of any change in the plan of care before the change is made.</p> <p>___(j) Each patient shall have the right to confidentiality of all records, communications, and personnel information.</p> <p><i>(Please note These are minimum rights that must be protected for home health agency patients. Additional rights may be listed in the policy if the agency desires but these rights must be included.)</i></p> <p>___ The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.</p> <p>___ Please send a sample copy of the Patient Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt.</p>
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<p>in services or staff without fear of reprisal or discrimination.</p> <ul style="list-style-type: none"> • Each patient/ **Client shall have the right to be fully informed of agency policies and charges for services, including eligibility for, and the extent of payment from third-party reimbursement sources, prior to receiving care. Each patient shall be informed of the extent to which payment may be required from the patient. • Each patient/ **Client shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity. • Each patient/ **Client shall have the right to have his or her property treated with respect. • Each patient/ **Client shall have the right to be advised in writing of the availability of the licensing agency's toll-free complaint telephone number -- -KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1-800-842-0078. This telephone number must be in the policy as well as the document provided to the patient for them to keep. <p><u>Note:</u> These are minimum rights that must be protected for home health agency patients/ **Clients. Additional rights may be listed in the policy if the agency desires but these rights must be included.</p>	
<p> HOME HEALTH AIDE TRAINING PROGRAM</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ A. Each individual employed or contracted by a home health agency who is not licensed or registered</p>

elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.

****Exempt --For Class B--
please provide the training curriculum and
policies for workers, as applicable.**

to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to patients shall meet the training requirements in K.A.R. 28-51-113 through K.A.R. 28-51-116.

This regulation shall not apply to any individual providing only attendant care services as defined in K.S.A. 65-6201, and amendments thereto. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994; amended Oct. 27, 2006.)

___ Each home health aide candidate shall be a Kansas-certified nurse aide in good standing on the public nurse aide registry and complete a 20-hour home health aide course approved by the licensing agency.

___ Upon completing a home health aide course as specified in subsection (a) of this regulation, each home health aide shall be required to pass a state test as specified in K.A.R. 28-51-116.

___ Each person who completes the requirements specified in subsections (a) and (b) of this regulation shall be issued a home health aide certificate by the licensing agency and shall be listed on the public nurse aide registry.


___ Each home health aide trainee shall be allowed to provide home health aide services to clients of the home health agency under the supervision of a registered nurse.


___ Each home health aide trainee who completes an approved 20-hour course shall be issued a home health aide certificate by the licensing agency, upon completion of the requirements specified in subsections (a) and (b) of this regulation, within 90 days from the beginning date of the initial course in order to continue employment providing home health aide services. Home health aide trainee status shall be for one 90-day period only.

___ Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour home health aide course may work for a home health agency as a home health aide trainee. The home health agency's registered nurse shall retain in the trainee's personnel file a department-approved form attesting that the trainee has met the minimum competencies for a home health aide trainee.



___ Each 20-hour course shall be prepared and administered in accordance with the guidelines established by the licensing agency in the "Kansas certified home health aide guidelines (20 hours)," dated July 1, 2005, and the "Kansas home health aide sponsor and instructor manual," excluding the appendices,

	<p>dated July 1, 2005, which are hereby adopted by reference.</p> <p>___ Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</p> <p><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></p>
<p>✂ HOME HEALTH AIDE COURSE INSTRUCTORS</p> <p>**Exempt --For Class B— please provide the training curriculum and policies for workers, as applicable.</p> <p>✂ HOME HEALTH AIDE COURSE INSTRUCTORS on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated. **Exempt --For Class B—please provide the training curriculum and policies for workers, as applicable.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>C. Each instructor for the 20-hour course shall meet the following requirements:</p> <p>___ Each person who intends to be a course instructor shall submit a completed instructor approval application form to the licensing agency at least three weeks before offering an initial course and shall be required to receive approval as an instructor before the first day of an initial course.</p> <p>___ Each instructor shall be a registered nurse with a minimum of two years of licensed nursing experience, including at least 1,750 hours of experience in the provision of home health care services.</p> <p>Each instructor and course sponsor shall be responsible for ensuring that the following requirements are met:</p> <p>___ (1) Each student in a 20-hour home health aide course shall be prescreened and tested for reading comprehension of the written English language at an eighth-grade reading level before enrolling in the course.</p> <p>___ (2) A completed course approval application form shall be submitted to the licensing agency at least three weeks before offering the course. Approval of the course shall be obtained from the licensing agency at the beginning of each course whether the course is being offered initially or after a previous approval. Each change in course location, schedule, or instructor shall require prior approval by the licensing agency.</p> <p>___ (3) All course objectives shall be accomplished.</p> <p>___ (4) Health care professionals with appropriate skills and knowledge may be selected to conduct any part of the training. Each health care professional shall have at least one year of experience in the subject area in which the individual is providing training.</p> <p>___ (5) Each person providing a portion of the training shall do so under the direct supervision of the instructor.</p> <p>___ (6) If clinical instruction is included in the course, each student shall be under the direct supervision of the instructor.</p>

	<p>___(7) During the clinical instruction, the instructor shall perform no other duties than the provision of direct supervision to the students.</p> <p>___(8) The 20-hour home health aide course shall be prepared and administered in accordance with the guidelines in the “Kansas certified home health aide guidelines (20 hours)” and the “Kansas home health aide sponsor and instructor manual,” as adopted in K.A.R. 28-51-113.</p> <p>___ Any instructor or course sponsor who does not fulfill the requirements of this regulation may be subject to withdrawal of approval to serve as a course instructor or a course sponsor. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p>___ Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</p> <p><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></p>
<p> HOME HEALTH AIDE TRAINING ENDORSEMENT on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated. **Exempt --For Class B—please provide the training curriculum and policies for workers, as applicable.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ A. Each person who meets one of the following conditions shall be deemed to have met the requirements of K.A.R. 28-51-113(a) and shall be eligible to take the state test as specified in K.A.R. 28-51-116:</p> <p>___ The person has been licensed in Kansas or another state, within 24 months from the date of application, as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual’s license.</p> <p>___ The person is currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the individual’s license.</p> <p>___ The person has received training from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement. Training shall have included a basic skills component comprised of personal hygiene, nutrition and feeding, safe transfer and ambulation techniques, normal range of motion and positioning, and supervised clinical experience in geriatrics.</p>

	<p>___Each person qualified under subsection (a) of this regulation shall receive written notice from the licensing agency that the person is eligible to take the state test. Upon receiving written approval from the licensing agency, that person may be employed by a home health agency as a home health aide trainee to provide patient care on behalf of the home health agency. Each person employed as a home health aide trainee shall be certified as a home health aide by the licensing agency, upon successful completion of the requirements specified in K.A.R. 28-51-113(a) or subsection (a) of this regulation, within one 90-day period starting from the date of approval, in order to continue employment providing home health aide services on behalf of the home health agency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p>___Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</p> <p><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></p>
<p> HOME HEALTH AIDE TEST ELIGIBILITY on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</p> <p>**Exempt --For Class B—please provide the training curriculum and policies for Supportive Services Care Workers, as applicable.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>___Each person shall have a maximum of three attempts per year from the beginning date of the course to pass the state written test after successfully completing an approved 20-hour course pursuant to K.A.R. 28-51-113.</p> <p>___If the person does not pass the state test within one year from the starting date of taking an approved 20-hour course, the person shall retake the entire course to be eligible to retake the state test.</p> <p>___If a person whose training has been endorsed as specified in K.A.R. 28-51-115 does not pass the state test on the first attempt, the person shall complete an approved 20-hour course as specified in K.A.R. 28-51-113 before retaking the state test.</p> <p>___The state test shall be comprised of 30 multiple-choice questions for persons who have successfully completed an approved 20-hour course or have successfully completed training that has been endorsed as specified in K.A.R. 28-51-115. A score of 22 or higher shall constitute a passing score.</p> <p>___Each home health aide trainee shall pay a nonrefundable application fee of \$20.00 before taking the state test. A nonrefundable test application fee</p>

	<p>shall be required each time the test is scheduled to be taken. Each person who fails to take the state test and who has made payment for the test shall submit another fee before being scheduled for another opportunity to take the test.</p> <p>___Each course instructor shall collect the application fee for each home health aide trainee eligible to take the state test and shall submit the fees, class roster, and application forms to the licensing agency or its designated agent.</p> <p>___Each person who is eligible to take the state test and who has submitted the application fee and application form shall be issued written approval, which shall be proof of eligibility to sit for the test.</p> <p>___Any reasonable test accommodation or auxiliary aid to address a disability may be requested by any person who is eligible to take the state test.</p> <p>___A request for reasonable accommodation or auxiliary aid shall be submitted each time a candidate is scheduled to take the test.</p> <p>___No test shall be given orally or by a sign language interpreter since reading and writing instructions or directions is an essential job task of a home health aide.</p> <p>___Each person requesting a test accommodation shall submit an accommodation request form along with an application form to the instructor. The instructor shall forward these forms to the licensing agency or its designated agent at least three weeks before the desired test date. Each instructor shall verify the need for the accommodation by signing the accommodation request form.</p> <p>___Each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to one additional hour may be offered to persons with limited English proficiency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p>___Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</p> <p><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></p>
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<p> PRE-FILLING INSULIN SYRINGES on Binder tab section for all of the required elements: Kansas statute requires a specific policy stating the following, “Unlicensed employees are prohibited from pre-filling insulin syringes.” Provide the actual policy.</p> <p>**Exempt --For Class B—please provide the policy indicating No skilled services provided with Class B licensure.</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>___A. No unlicensed person employed by a home health agency, in the course of employment with a home health agency, shall prefill insulin syringes for any patient served by the home health agency. "home health agency" means a home health agency licensed in accordance with the provisions of K.S.A. 65-5101 through 65-5115 and K.S.A. 75-5614.</p> <p>___ Please send HHA policy as Kansas statute requires a specific policy stating the following, “Unlicensed employees are prohibited from pre-filling insulin syringes.</p> <p>Policy must have above statement included.</p>
<p> CRIMINAL BACKGROUND CHECK on Binder tab section for all of the required elements: Submit a policy that covers how and when a background check is completed and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.</p> <p>a. The policy must also include the current State of Kansas list of Offenses. KSA 39-970 & 65-5117.</p> <p>b. Must request through KDADS under Health Occupations Credentialing.</p> <ul style="list-style-type: none"> • Provide the actual policy. • Provide the requested background check for each appropriate person in their personnel file. <p>Remember, it is a statutory requirement that any facility licensed under the Kansas Adult Care Home Act or Kansas Home Health Licensure Law must submit criminal record checks through KDADS. Staffing agencies who supply employees to work in an adult care home or home health agency must also submit criminal record checks</p>	<p>THIS SECTION INCLUDES COMPLETED:</p> <p>___Please provide the HHA policy concerning the review of background checks and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.</p> <p>The policy must also list the crimes that prevent employment as they are listed in the Kansas statute. Policy must include current State of Kansas list of Offenses. KSA 39-970 & 65-5117 http://www.kdads.ks.gov/docs/default-source/SCC-Documents/Health-Occupations-Credentialing/steve-irwin---needs-organized/criminal-record-check-prohibited-offense-list.pdf</p> <p>FAQs http://www.kdads.ks.gov/docs/default-source/SCC-Documents/Health-Occupations-Credentialing/steve-irwin---needs-organized/criminal-record-check-faqs.pdf?sfvrsn=0</p> <p>Is there a difference between the criminal record information obtained through KBI's online service and the information accessed from KBI through KDADS? YES. The law specifies that KDADS accesses criminal history information through KBI records. Under these laws, certain juvenile convictions would constitute a prohibition of employment, which is one reason applicable facilities are required to access information from KBI through KDADS. These laws allow KDADS access to juvenile records. Most other sources you as an operator/administrator may access, including KBI's online service, would not allow access to juvenile records.</p> <p>Can we use our own (or corporation's) CRC request form? NO. Use the form prepared and provided by KDADS:</p>

Instructions for completing the
Kansas Home Health Agency Application
**Please Read and Follow the Instructions Carefully.*

Part I. Home Health Agency Information:

- A. Provide the full name of the home health agency, **as it should appear on the license**. Include the agency postal address, County with full 9-digit zip code; web address, directory telephone and fax number.
- B. Identify the Administrator designated by the governing body to be responsible for the daily management of the agency. If the administrator is a health professional other than an RN, please specify the discipline (e.g. physical therapist). If the administrator is not an appropriate qualified health professional as defined, by KAR 28-51-100(a), then check "Other" and include the educational transcripts, resume and experience.
- C. Identify the Alternate Administrator designated by the governing body to be responsible for the daily management of the agency. If the administrator is a health professional other than an RN, please specify the discipline (e.g. physical therapist). If the alternate administrator is not an appropriate qualified health professional as defined, by KAR 28-51-100(a), then check "Other" and include the educational transcripts, resume and experience.
- D. Application Processing and Fee: Select the packet that applies to your home health agency Classification. ***If you are currently providing Class-B services, defined as Non-medical Supportive Care Services through your agency:***
➤ ***Request the Temporary Operating Permit (TOP) from KDHE***
➤ ***Sign the Class-B Attestation Form of confirmation.***
- E. Indicate the geographic extent of the agency's operation. Indicate whether the agency provides services in a single county or multiple counties by checking the appropriate geographic category. List all of the counties served by your agency.
- Indicate if this Kansas home health agency is associated with a Medicare Certified home health agency that has a reciprocal state agreement with Kansas.
- F. List the branch office in the reciprocal state. Provide the agency name, telephone number, postal address and the counties served.

Part II. Ownership Information: Select the number(s) that applies to your agency

- G. **1.** Write the disclosing entity name as it is registered with The Kansas Secretary of State Business Center.
2. Give the legal name of the disclosing entity.
3. Select the disclosing entity type and **list all names of the individuals** that have a percentage interest in this home health agency.
4. Give the legal name and address of the organization that has the controlling interest or owns this home health agency.

Part III. Renewal Information:

- H. Identify the number of unduplicated Patients/Clients registered with your agency during the previous calendar year.
- I. Identify the number of Home Visits made during the previous calendar year.
- J. Annual Renewal Report Fee Schedule: Select the fee according to the number of home visits.
- K. Indicate if this home health agency is register with an Accrediting Organization (TJC, CHAP or AOA).
- L. Indicate if this home health agency holds a Clinical Laboratory Improvement Act (CLIA) Certificate.
- M. Authorization consent and signature.



Select one:

- ☐ Initial Application Class-A
- ☐ Initial Application Class-B w/TOP
- ☐ Change in Ownership w/TOP
- ☐ Classification Change
- ☐ Annual Renewal Report

Kansas Home Health Agency Licensure Application

Initial Application, Change of Ownership, Classification Change and or Annual Renewal

Kansas Department of Health and Environment

Bureau of Community Health Systems and Health Facilities Program

Part I. Home Health Agency Information:

A. Name of Agency: _____

Street Address _____ City _____ County _____ Zip Code _____

Web address _____ Directory Phone _____ Directory Fax _____

B. Administrator Name: _____ Email _____

Discipline of Administrator: _____ License No. _____ Phone No. _____

Other Health Professional (Please attach documents of health care educational transcripts, resume and experience).

C. Alternate Administrator Name: _____ Email _____

Discipline of Alternate Administrator: _____ License No. _____ Phone No. _____

Other Health Professional (Please attach documents of health care educational transcripts, resume and experience).

*(Class-A services only). If the administrator is not a nurse, tell us whom the Clinical Manager/Director of Nursing in charge of patient care _____ KS Nursing License # _____

D. Application Processing Fee: Select the box that applies to our agency Class of service.

Application Fee Amounts	Class-A License (Skilled Services) Includes All of the (Patient) Services of (A/C +B License) *Clinical Manager/Director of Nursing
Initial Application \$100.00 <input type="checkbox"/>	Scope of Services Under Class-A/C License Nursing Care Medical Social Services Home Health Aide Occupational Therapy Physical Therapy Respiratory Therapy Speech Therapy Dietitian and Nutritional Services Scope of services including: *Class-C: Attendant/Personal Care-HCBS/Medicaid Waiver Programs. *Also may require certification. Class-B: Non-medical Supportive Care Services
Change in Ownership \$100.00 <input type="checkbox"/>	
Annual Renewal Fee Schedule <input type="checkbox"/> <i>on Part III</i>	

****Do not write below this line****

License Effective Date: _____

License ID No.: _____

Annual Renewal Date: _____

Reviewer: _____

Application Fee Amounts	Class-B (only) License
Initial Application \$100.00 <input type="text"/>	Scope of Services Under Class-B License B-Class: Non-medical Supportive Care Services
Change in Ownership \$100.00 <input type="text"/>	
Classification Change \$100.00 <input type="text"/> From Class-B to (A/C) Classification License	
Annual Renewal Fee Schedule <input type="text"/>	<i>on Part III</i>

E. Geographic Area Covered by Agency Operation ☐ Single County ☐ Multi Counties

List Kansas Counties Served _____

Branch Locations: _____

F. Is this Kansas agency associated with a Medicare certified home health agency in a reciprocal state agreement? _____ if yes, provide the following information below.

List the branch office in the reciprocal state. Provide the agency name, telephone number and the postal address.

Counties Served _____

Part II. Ownership Information:

G. Write the Disclosing Entity name as it is registered with the Kansas Secretary of State Business Center.

Disclosing Entity Name: _____

Entity Postal Address: _____

Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company

☐ Corporation for profit ☐ Corporation nonprofit ☐ Government

1. List the names, postal addresses and percentage per each individual who has any direct or indirect ownership of the entity listed above. (*Please print*) or feel free to add an attachment.

Print Name	Title	Ownership %	Address
Print Name	Title	Ownership %	Address
Print Name	Title	Ownership %	Address

2. *List the Corporation or LLC with ownership of 5percent or more interest; identify each individual or attach a list showing the individual names and postal address.

Print Name	Title	Ownership %	Address
Print Name	Title	Ownership %	Address
Print Name	Title	Ownership %	Address

3. Provide the names and postal addresses of each officer, director and or owner.

Print Name	Title	Address
Print Name	Title	Address
Print Name	Title	Address

4. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

Print Name	Title	Address
Print Name	Title	Address
Print Name	Title	Address
Print Name	Title	Address

Part III. Annual Renewal Information:

- H. Number of Unduplicated Patients/Clients during the previous calendar year: _____
- I. Number of Home Visits made during the previous calendar year: _____
- J. Annual Renewal Report Fee Schedule: Check the box that applies to your agency annual renewal fee.

<i>Renewal Fee Schedule</i>			
<i>Home Visits</i>	<i>Fee Amount</i>	<i>Home Visits</i>	<i>Fee Amount</i>
0 - 500	\$25.00	5,001 - 6,000	\$330.00
501 - 1,000	\$60.00	6,001 - 7,000	\$380.00
1,001 - 2,000	\$120.00	7,001 - 8,000	\$440.00
2,001 - 3,000	\$170.00	8,001 - 10,000	\$490.00
3,001 - 4,000	\$220.00	10,001 - 20,000	\$550.00
4,001 - 5,000	\$280.00	Over 20,000	\$580.00

K. Is this an Accredited and deemed Home Health Agency? _____

Tell us the name of your Accreditation Organization and *attach* the Accreditation Decision Letter of Deemed Status showing the accreditation ID Number and effective dates of service.

L. Does this HHA hold a Clinical Laboratory Improvement Act (CLIA) certificate or waiver?

_____ if yes, please *attach* copy of the CLIA Certificate showing the ID Number and effective dates.

(Initials) _____ I certify that all information given is true and correct. I am authorized to represent the governing body, corporation, individual, or partnership; in whom is vested the responsibility for operation of the agency.

I understand that this application may be subject to release pursuant to the Kansas Open Records Act (K.S.A. 45-215 et seq.).

Signature

Title

Print Name

Telephone Number

Date

Return the Home Health Agency Application and submit the appropriate fee to the
Kansas Department of Health and Environment

**Bureau of Community Health Systems
Health Facilities Program
1000 SW Jackson St., Suite 330
Topeka, Kansas 66612**

Phone (785) 296-0127

Fax (785) 559-4250

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF PUBLIC HEALTH
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON ST., SUITE 330
TOPEKA, KS 66612-1365



PHONE: (785) 296-0127
FAX: (785) 559-4250
WWW.KDHEKS.GOV/BHFR

GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Class-A/C License Attestation Form

Kansas Department of Health and Environment/Health Facilities Program
Attestation Statement for Home Health Agency License

****By Signing and dating this Attestation Form, you are agreeing to comply with each of the KSA Statutes and or the KAR Regulations****

I _____ am an authorized representative of
Print your name

Agency Name

Agency Address

I attest that I have reviewed each state requirement for licensure of a home health agency and this agency is in compliance with:

✓ KSA 65-5105 et seq. and amendments thereto; and KAR 28-51-1 et seq. and amendments thereto further attest that the agency:

✓ If owned by a corporation, it is registered that corporation with the Kansas Secretary of State's Office;

✓ I will neither serve home health agency patients/clients nor establish branch offices beyond 100 miles of the parent location;

✓ I understand that violations of any of the provisions of KSA 65-5101 et seq. is a Class B misdemeanor;

✓ I understand that skilled services of ANY kind are only included within the scope of the Class-A/C licensure, this includes services under HCBS. These levels require the Class-A/C HHA Licensure in order to be provided. All program waiver may require additional CMS Certification. Please check with the HCBS Program for requirements.

✓ I understand that a Class-A licensure must be held to cover these skilled services. The provision of ANY services that are not within the scope of the HHA Class Level of licensure obtained are grounds for but not limited to termination or loss of all or any HHA State Licensure;

√ I understand that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, implementing regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;

√ I understand that KDHE may conduct survey inspections at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;

√ I will utilize home health aides meeting the requirements of KSA 65-5115 and KAR 28-51-108 and KAR 28-51-112 through KAR 28-51-116;

√ I will notify the Health Facilities Program of changes in the address, administrator, ownership, services offered, geographic area served and other materials circumstances including closure of the agency;

√ I will utilize an administrator and a person designated to act in the absence of the administrator who meet the requirements of KAR 28-51-100 (a) and (c);

√ I will comply with the employee background check provisions of KSA 65-5117.

I understand that this statement is a public record. I certify that all information given is true and correct. I am authorized to represent the governing body, corporation, individual, or partnership; in whom is vested the responsibility for operation of the agency.

Signature / Title

Date

Print Name

Telephone No.

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF PUBLIC HEALTH
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON ST., SUITE 330
TOPEKA, KS 66612-1365



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WWW.KDHEKS.GOV/BHFR

GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Class-B License Attestation Form

Kansas Department of Health and Environment/Health Facilities Program
Attestation Statement for Home Health Agency License

By Signing and dating this Attestation Form, you are agreeing to comply with each of the KSA Statutes and or the KAR Regulations

I _____ am an authorized representative of
Print your name

Print Agency Name

Print Agency Address

If applicable, if already licensed as a Class-A Home Health Agency- I attest that I have reviewed each state requirement for Class-B licensure of a home health agency and this agency is requesting to step down from a Class-A licensure to a Class-B licensure.

I understand that if I select to change my HHA Licensure from Class-B to a Class A at any point forward, I need to submit an initial application for Class-A and meet all of the current Class-A requirements, regardless of prior licensure level. Additionally, I will comply with the following √ requirements:

√ K.S.A. 65-5101 et seq. as amended and the regulations adopted thereunder as well as HFP internal program standards, policies, and requirements: thereto further attest that the agency will fully comply:

√ Complete and submit an annual Attestation form and a Release form as part of both the initial as well as the annual renewal process for home health agency licensure.

√ The Class-B HHA licensure is extremely limited in scope and practice and I understand the limitations and restrictions;

√ If owned by a corporation, it is registered that corporation with the Kansas Secretary of State's Office;

√ I will only serve home health agency clients under this Class-B licensure as defined as Non-medical Supportive Care Services.

√ I understand that violations of any of the provisions of KSA 65-5101 et seq. as amended is a Class-B misdemeanor;

√ Certified Nursing Assistant and/or Home Health Aide positions are excluded with this licensure. For the purposes of State HHA licensure, these are also considered in skilled services. The positions allowed are for unskilled Supportive Care Services Worker under the Class-B licensure and the HHA is responsible for training, client plan of care and records as well as supervision.

√ *I understand the Class-B HHA Licensure for the unskilled Supportive Care Services Worker;*

√ I understand that skilled services of ANY kind are only included within the scope of the Class-A/C licensure, this includes services under HCBS. These levels require the Class-A/C HHA Licensure in order to be provided. Any waiver programs may require additional CMS Certification. Please check with the HCBS Program for requirements.

√ Nursing services of any kind are prohibited with a Class-B licensure. This includes a nurse providing supervisory, assignment, delegation, oversight, medication administration, treatments, assessments, or any other activities that fall within the Kansas Nurse Practice Act through the Kansas Board of Nursing.

√ I understand that a Class-A HHA Licensure must be held to cover these skilled services. The provision of ANY services that are not within the scope of the HHA Class B Level of licensure obtained are grounds for but not limited to termination or loss of all or any HHA State Licensure;

√ I understand that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, implementing regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;

√ I understand that KDHE may conduct surveys for this licensure at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;

√ I will notify the Health Facilities Program timely in writing for changes in the address, administrator, ownership, services offered, geographic area served and other materials circumstances including closure of the agency and maintenance of the patient/ client records;

√ I will utilize an administrator and an alternate administrator who is a person designated to act in the absence of the administrator who meet the requirements of KAR 28-51-100 (a) and (c);

√ I will comply with the employee background check provisions of KSA 39-970, and KSA 65-5117 as amended.

I am authorized to represent the governing body, corporation, individual, and/ or partnership; in whom is vested the responsibility for operation of the agency. I understand and attest that these statements provided are complete, true, and accurate to the best of my knowledge. Failure to provide information or the provision of information by means of fraud, misrepresentation or concealment of material facts are grounds for but not limited to termination or loss of all or any HHA State Licensure.

Signature / Title

Date

Print Name

Telephone No.

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF PUBLIC HEALTH
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON ST., SUITE 330
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GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Authorization for Release of Employment and Information Application to the Kansas Department of Health and Environment

*Print full names; (first, middle and last name)
Including other names under which you have worked)*

Name: _____
First Middle Last

Alias: _____

Date of Birth: _____

I, _____, authorize all my employers and/or authorities or associated entities to release to the Kansas Department of Health and Environment any information requested by them for the purpose of evaluating me for possible licensure.

In doing so, I hereby release all individuals and organizations from any liability, who in good faith, provide information to the Kansas Department of Health and Environment concerning my occupational competence, character and other qualifications for licensure purposes, and I hereby consent to the release of such information to the Kansas Department of Health and Environment.

Photocopies and fax copies of this document will be as binding as the original.

Applicant Signature

Date

Administrator

Alternate Administrator

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF PUBLIC HEALTH
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON ST., SUITE 330
TOPEKA, KS 66612-1365



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GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Health Facilities Program Contact Personnel

Jim Perkins, Director

Ph: 785-296-0131

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Policy and Procedure Questions

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The Complaint Hotline

1-800-842-0078

Hours of Operations

8:00-12:00 and 1:00-4:00

Monday thru Friday